

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Wyoming Republican Party, Inc.

ADDRESS (number and street)

400 E. First St., Suite 314

☐Check if different
than previously
reported. (ACC)

Casper

WY

82601

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005785

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Donna Robitaille

Signature of Treasurer

Electronically Filed by Ms. Donna Robitaille

Date

02

18

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Wyoming Republican Party, Inc.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		134735.44
(b) Cash on Hand at Beginning of Reporting Period	134735.44	
(c) Total Receipts (from Line 19)	7413.20	7413.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142148.64	142148.64
7. Total Disbursements (from Line 31)	21220.69	21220.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	120927.95	120927.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wyoming Republican Party, Inc.

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2200.00	2200.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5066.00	5066.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7266.00	7266.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7266.00	7266.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	147.20	147.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7413.20	7413.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7413.20	7413.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18826.14	18826.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	18826.14	18826.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	1394.55	1394.55
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1394.55	1394.55
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21220.69	21220.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21220.69	21220.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7266.00	7266.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7266.00	7266.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18826.14	18826.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	147.20	147.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18678.94	18678.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

John Clay

Mailing Address 2345 Wildhorse Trl

City

Cheyenne

State

WY

Zip Code

82009-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dain Bosworth, Inc.

Occupation

Stockbroker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90217.C45403

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jennie Gordon

Mailing Address 779 US Highway 16 E

City

Buffalo

State

WY

Zip Code

82834-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owner

Occupation

Merlin Ranch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90217.C45398

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark Gordon

Mailing Address 779 US Highway 16 E

City

Buffalo

State

WY

Zip Code

82834-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90217.C45399

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Doran Lummis

Mailing Address 1825 Campstool Rd

City

Cheyenne

State

WY

Zip Code

82007-1701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 90217.C45484

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Donald Mawhinney

Mailing Address 816 E 22nd St

City

Cheyenne

State

WY

Zip Code

82001-3844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 90217.C45505

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Victor Ohman

Mailing Address PO Box 897

City

Glenrock

State

WY

Zip Code

82637-0897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Plumbing Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 90217.C45503

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Steve Ricci

Mailing Address PO Box 277

City

Baggs

State

WY

Zip Code

82321-0277

FEC ID number of contributing
federal political committee.

C

Name of Employer
R Bar R Trucking

Occupation

Owner/Operator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90217.C45472

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

2200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Pitney Bowes Copier

Mailing Address PO Box 85390

City
Louisville

State
KY

Zip Code
40285-5390

Purpose of Disbursement
Postage for office

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7918

Date of Disbursement

/ /

Amount of Each Disbursement this Period

224.50

POSTAGE FOR OFFICE

B.

Full Name (Last, First, Middle Initial)

Pitney Bowes Copier

Mailing Address PO Box 85390

City
Louisville

State
KY

Zip Code
40285-5390

Purpose of Disbursement
Postage for office

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

227.07

POSTAGE FOR OFFICE

C.

Full Name (Last, First, Middle Initial)

Qwest

Mailing Address PO Box 173638

City
Denver

State
CO

Zip Code
80217-3638

Purpose of Disbursement
Telephone for office

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7920

Date of Disbursement

/ /

Amount of Each Disbursement this Period

271.72

TELEPHONE FOR OFFICE

SUBTOTAL of Disbursements This Page (optional)

723.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial)
Wyoming Dept. of Employment

Mailing Address PO Box 2659

City Casper State WY Zip Code 82602-2659

Purpose of Disbursement
Unemployment insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7938

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

371.25

UNEMPLOYMENT INSURANCE

B. Full Name (Last, First, Middle Initial)
Wyoming Financial Properties, Inc

Mailing Address 400 E 1st St Ste 200

City Casper State WY Zip Code 82601-2558

Purpose of Disbursement
Rent for office

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7923

Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

1853.76

RENT FOR OFFICE

C. Full Name (Last, First, Middle Initial)
IKON Office Solutions

Mailing Address PO Box 100771

City Pasadena State CA Zip Code 91189-0001

Purpose of Disbursement
Copy machine lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7917

Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

1206.05

COPY MACHINE LEASE

SUBTOTAL of Disbursements This Page (optional)

3431.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: 90218.E7936 Date of Disbursement																				
Mailing Address PO Box 100771	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	9												
City Pasadena State CA Zip Code 91189-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Copy machine maintenance	<table border="1"> <tr> <td>7</td><td>1</td><td>0</td><td>.</td><td>6</td><td>0</td> </tr> </table>	7	1	0	.	6	0														
7	1	0	.	6	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
COPY MACHINE MAINTENANCE																					
B. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: 90218.E7937 Date of Disbursement																				
Mailing Address Ogden Utah	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	9												
City Ogden State UT Zip Code 00000-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes	<table border="1"> <tr> <td>2</td><td>1</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	1	8	.	0	0														
2	1	8	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAXES																					
C. Full Name (Last, First, Middle Initial) Hilltop Natl Bank - Tax	Transaction ID: 90218.E7929 Date of Disbursement																				
Mailing Address PO Box 2680	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Casper State WY Zip Code 82602-2680	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes	<table border="1"> <tr> <td>1</td><td>0</td><td>8</td><td>.</td><td>7</td><td>1</td> </tr> </table>	1	0	8	.	7	1														
1	0	8	.	7	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAXES																					

SUBTOTAL of Disbursements This Page (optional)

2016.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) Hilltop Natl Bank - Tax	Transaction ID: 90218.E7930 Date of Disbursement																				
Mailing Address PO Box 2680	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Casper State WY Zip Code 82602-2680	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1259.10</td> </tr> </table>	1259.10																			
1259.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL TAXES																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc.	Transaction ID: 90218.E7912 Date of Disbursement																				
Mailing Address 12450 Automobile Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Clearwater State FL Zip Code 33762-4427	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage for office Candidate Name	<table border="1"> <tr> <td colspan="10">430.00</td> </tr> </table>	430.00																			
430.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	POSTAGE FOR OFFICE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90218.E7921 Date of Disbursement																				
Mailing Address PO Box 9622	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	0	9												
City Mission Hills State CA Zip Code 91346-9622	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cell phone expense Candidate Name	<table border="1"> <tr> <td colspan="10">155.15</td> </tr> </table>	155.15																			
155.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CELL PHONE EXPENSE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1844.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622	Transaction ID: 90218.E7922 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	4		2	0	0	9													
City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cell phone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>17.65</td> </tr> </table> CELL PHONE EXPENSE	17.65																				
17.65																						
B. Full Name (Last, First, Middle Initial) McCauley & Associates, P.C. Mailing Address P.O. Box 27762 City Salt Lake City State UT Zip Code 84127- Purpose of Disbursement Accounting & reporting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90218.E7934 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> ACCOUNTING & REPORTING SERVICES	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	0	9													
1000.00																						
C. Full Name (Last, First, Middle Initial) Aristotle Mailing Address Attn: Accounts Receivable 205 Pennsylvania Ave, SE City Washington State DC Zip Code 20003- Purpose of Disbursement Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90218.E7913 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1440.00</td> </tr> </table> SOFTWARE	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9	1440.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	4		2	0	0	9													
1440.00																						

SUBTOTAL of Disbursements This Page (optional)

2457.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Cardmember Services

Mailing Address PO Box 790408

City
Saint Louis

State
MO

Zip Code
63179-0408

Purpose of Disbursement
Credit card payment see below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90218.E7914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

688.14

**CREDIT CARD PAYMENT SEE
BELOW**

B.

Full Name (Last, First, Middle Initial)

Expedia Services

Mailing Address 139th Avenue Se

City
Bellevue

State
WA

Zip Code
98005-

Purpose of Disbursement
Executive director airline travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90218.E7915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

688.14

[MEMO ITEM]
**MEMO: EXECUTIVE DIRECTOR
 AIRLINE TRAVEL**

C.

Full Name (Last, First, Middle Initial)

Alecia Klostermann

Mailing Address 819 E 4th Street B

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Employee Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90218.E7927

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1141.37

EMPLOYEE SALARY

SUBTOTAL of Disbursements This Page (optional)

1829.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) Alecia Klostermann Mailing Address 819 E 4th Street B	Transaction ID: 90218.E7944 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 0 9</div> </div>
City Casper State WY Zip Code 82601- Purpose of Disbursement MEMO ENTRIES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>38.83</div> MEMO ENTRIES: SEE BELOW
B. Full Name (Last, First, Middle Initial) Alecia Klostermann Mailing Address 819 E 4th Street B City Casper State WY Zip Code 82601- Purpose of Disbursement Employee salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90218.E7928 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1112.47</div> EMPLOYEE SALARY
C. Full Name (Last, First, Middle Initial) Amy Larimer Mailing Address PO Box 610 City Teton Village State WY Zip Code 83025-0610 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90218.E7941 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>704.88</div> MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

1856.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) Amy Larimer	Transaction ID: 90218.E7942 Date of Disbursement																				
Mailing Address PO Box 610	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Teton Village State WY Zip Code 83025-0610	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cab fare reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">92.00</td> </tr> </table>	92.00																			
92.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CAB FARE REIMBURSEMENT																				
B. Full Name (Last, First, Middle Initial) Amy Larimer	Transaction ID: 90218.E7925 Date of Disbursement																				
Mailing Address PO Box 610	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Teton Village State WY Zip Code 83025-0610	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee salary Candidate Name	<table border="1"> <tr> <td colspan="10">1907.70</td> </tr> </table>	1907.70																			
1907.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EMPLOYEE SALARY																				
C. Full Name (Last, First, Middle Initial) Amy Larimer	Transaction ID: 90218.E7926 Date of Disbursement																				
Mailing Address PO Box 610	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Teton Village State WY Zip Code 83025-0610	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee salary Candidate Name	<table border="1"> <tr> <td colspan="10">1951.75</td> </tr> </table>	1951.75																			
1951.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EMPLOYEE SALARY																				

SUBTOTAL of Disbursements This Page (optional)

3951.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City
Casper

State
WY

Zip Code
82609-

Purpose of Disbursement
Employee salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

472.35

EMPLOYEE SALARY

SUBTOTAL of Disbursements This Page (optional)

472.35

TOTAL This Period (last page this line number only)

18582.15

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Friends of Jan Larimer

Mailing Address 4012 Darby Lane

City
Cheyenne

State
WY

Zip Code
82001-

Purpose of Disbursement
RNC CO-CHAIR CAMPAIGN CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7943

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Wyoming Press Advertsing Service

Mailing Address 2121 Evans Ave

City
Cheyenne

State
WY

Zip Code
82001-

Purpose of Disbursement
FEA - GOTV advertisements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90218.E7924

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1394.55

FEA - GOTV ADVERTISEMENTS

SUBTOTAL of Disbursements This Page (optional)

1394.55

TOTAL This Period (last page this line number only)

1394.55

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Wyoming Republican Party, Inc.

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐